

BAYOU CHILDRENS DENTAL CENTER



CONSENT PREVENTATIVE & DIAGNOSTIC DENTAL SERVICES

CONSENT FOR DENTAL TREATMENT

I hereby authorize and direct Dr. Cavallino and/or Dr. Gaudet assisted by dental auxiliaries, to perform upon my child the following checked procedure(s):

- ☐ A. RADIOGRAPHS (X-RAYS) OF THE TEETH AND JAWS
- ☐ B. CLEANING OF THE TEETH
- ☐ C. APPLICATION OF TOPICAL FLUORIDE
- ☐ D. EXAMINATION OF THE ORAL CAVITY

CONSENT FOR BEHAVIOR MANAGEMENT

Common behavior management techniques used in pediatric dentistry are directed towards goals of communication, alleviating fear and anxiety, and building a relationship of trust. The selection of any technique is based on many factors including the age and emotional development of your child.

TELL-SHOW-DO	THE DENTIST OR ASSISTANT TELLS THE CHILD WHAT IS TO BE DONE USING SIMPLE TERMINOLOGY AND REPETITION AND THEN SHOWS THE CHILD WHAT IS TO BE DONE BY DEMONSTRATING WITH INSTRUMENTS ON A MODEL OR THE CHILD'S OR DENTIST'S FINGER. THEN THE PROCEDURE IS PERFORMED IN THE CHILD'S MOUTH AS DESCRIBED. PRAISE IS USED TO REINFORCE COOPERATIVE BEHAVIOR.
POSITIVE REINFORCEMENT	REWARDING A CHILD FOR DESIRABLE BEHAVIOR. REWARDS CAN INCLUDE COMPLIMENTS, PRAISE, A PAT ON THE BACK, OR A PRIZE.
VOICE CONTROL	A CONTROLLED ALTERATION OF VOICE VOLUME, TONE OR PACE INTENDED TO GAIN A CHILD'S ATTENTION AND INFLUENCE OR DIRECT PATIENT BEHAVIOR.
MOUTH PROPS	A RUBBER OR METAL DEVICE PLACED IN THE CHILD'S MOUTH TO PREVENT CLOSING WHEN A CHILD HAS DIFFICULTY MAINTAINING AN OPEN MOUTH OR REFUSES TO OPEN.
PARENTAL PRESENCE/ABSENCE	PARENTS ARE WELCOME IN THE TREATMENT AREA. THE PRIMARY ROLE OF THE PARENT IN THE TREATMENT AREA IS TO BE A SILENT OBSERVER, UNLESS INVITED BY THE DENTIST OR STAFF TO HELP OR PARTICIPATE IN TREATMENT. OCCASIONALLY, THE PARENT MAY BE ASKED TO STEP OUT OF THE ROOM. IF ASKED TO LEAVE, PLEASE BE PREPARED TO DO SO. THE OBJECTIVE IS TO GAIN THE CHILD'S ATTENTION, ESTABLISH COMMUNICATION, AND AVERT NEGATIVE OR AVOIDANCE BEHAVIOR.
PROTECTIVE STABILIZATION	PARTIAL OR COMPLETE IMMOBILIZATION OF THE PATIENT TO PROTECT HIM/HER FROM SELF INJURY. RESTRAINT CAN BE PERFORMED BY THE DENTIST, STAFF, OR PARENT, WITH OR WITHOUT THE AID OF A RESTRAINING DEVICE.

I hereby state that I have read and understand this consent form, that I have been given an opportunity to ask questions I might have, and that all questions about the procedure(s) have been answered in a satisfactory manner. I understand further that I have the right to be provided with answers to questions which may arise during the course of my child's treatment. I further understand that I am free to withdraw my consent at any time, and that this consent will remain in effect until such time that I choose to terminate it.

Patient..... Date..... Time.....

Signature of Parent..... Relationship.....

Dentist's Signature..... Witness.....

PRIOR TO OR DURING DENTAL TREATMENT, even treatment as simple and non-invasive as an exam or cleaning, it is very common for children of all ages to become uncooperative or physically resistant. Should that occur during your child's dental visit, you will be given the option of discontinuing/deferring treatment to another day or continuing treatment using physical restraint (in the form of a parent or dental assistant holding the child's hands and/or legs).